

<b>Case Number:</b>	CM15-0139903		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old male who reported an industrial injury on 2-25-2002. His diagnoses, and or impression, were noted to include: multi-level lumbago with bilateral radiculopathy; status-post implantation of a spinal cord stimulator; sacroiliac joint and facet joint arthropathy; myofascial syndrome; left knee arthropathy, status-post surgery with ligament repair (9-6-13); status-post left knee arthroscopy, debridement and removal of loose bodies on 5-22-2014; right shoulder arthropathy; and recent fall with traumatic right knee injury. No current imaging studies were noted. His treatments were noted to include successful injection therapy; physical therapy-left knee; medication management with toxicology screenings; and rest from work. The progress notes of 6-23-2015 reported a follow-up visit for continued moderate pain; and a lengthy and articulate complaint and argument about worker's compensation for denial of requested medications and services. Objective findings were noted to include an elevated blood pressure; tenderness over the bilateral sciatic notch and facets, with positive provocation, right > left; tenderness over the sacroiliac joints with positive provocation tests; painful truncal flexion and extension with decreased lumbar range-of-motion; spasms in the lumbar para-spinous muscles down the posterior lower extremities; weakness in the left ankle; decreased sensation in the left lower extremity; edema, tenderness and pain in the left knee and joint; and a gait which is strongly affected by both the low back and knee issues. Also noted was improvement in functionality with the previous medication regimen, before denied by workmen's compensation, and subsequent adjustments. The physician's requests for treatments were noted to include a left

total knee arthroplasty, certified on appeal, 14 day rental of a continuous passive range-of-motion machine modified to 3 days, and a left knee Cortisone injection non-certified by UR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Associated surgical service: continuous passive motion device - 14 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous passive motion.

**Decision rationale:** CA MTUS is silent. ODG guidelines updated 7/10/2015 indicate CPM for in hospital use or for home use in patients at risk of a stiff knee but benefits over regular physical therapy may be small. Routine use of CPM has minimal benefit. A recent randomized controlled trial results indicated that routine use of prolonged CPM should be reconsidered since neither long-term effects nor better functional performance was detected. The criteria for use of CPM devices in the acute hospital setting may be considered medically necessary after a total knee arthroplasty for 4-10 days, no more than 21. For home use up to 17 days after surgery while patients are at risk of a stiff knee and are immobile or unable to bear weight. This is indicated under conditions of low postoperative mobility or inability to comply with rehabilitation exercises such as in patients with complex regional pain syndrome, extensive arthrofibrosis, physical mental or behavioral inability to participate in active physical therapy, and revision total knee arthroplasty. The utilization review has certified the use of CPM in the hospital setting. The documentation does not indicate inability to comply with exercises such as with a complex regional pain syndrome or the other conditions mentioned above. As such, in the absence of the above risk factors, the request for CPM rental for 14 days at home is not supported and the medical necessity of the request has not been substantiated.

**Cortisone injection - left knee, one injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Corticosteroid injections.

**Decision rationale:** The documentation from the provider indicates that the injured worker has received 3 corticosteroid injections into the knee with little benefit. ODG guidelines indicate that the number of injections should be limited to 3. He is now certified for a total knee arthroplasty. As such, a fourth injection is not supported by guidelines and the medical necessity of a preoperative corticosteroid injection has not been substantiated.